

REPORT OF EXPOSURE INCIDENT

Employee Name \_\_\_\_\_

Date and Time of Exposure \_\_\_\_\_

Route of Exposure (non-intact skin, mucous membrane, puncture, etc.) \_\_\_\_\_

\_\_\_\_\_

Source Individual \_\_\_\_\_

Circumstances under which the incident occurred \_\_\_\_\_

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\_\_\_\_\_

Appointment made with Health Department for evaluation:

Date \_\_\_\_\_

Kept by Employee \_\_\_\_\_

Vaccination Status of Employee \_\_\_\_\_

Written report received from Health Department \_\_\_\_\_

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